

[Let's Roll Forums](#) > [The Last American Forum](#) > [Government, Media & Corporate Hoaxes](#) > [The Boston Marathon Bombing Hoax](#)  
**The Alleged Medical Witnesses**

User Name  ☐ Remember Me?  
 Password

[Register](#)   [Blogs](#) ▾   [Arcade](#)   [Community](#) ▾   [Today's Posts](#)   [Search](#)

[Post Reply](#)

Page 18 of 19 << First < 8 13 14 15 16 17 **18** 19 >

☒ View First Unread

[SHARE](#) [f](#) [t](#) [e](#) [...](#) [Thread Tools](#) ▾

6 Jul 2013, 00:46 AM

#17

[more\\_cowbell](#)  
Thinker

Join Date: 18 May 2013  
 Posts: 107  
 Threads: 3  
 Thanked 220 Times in 81 Posts  


Re: The Alleged Medical Witnesses

Dr Bill Mackey, Chief of Surgery, Tufts



Talking 'bout shrapnel

<http://english.cntv.cn/program/newsu...7/100915.shtml>

another video with Chris Matthews - but video no longer available

<http://www.nbcnews.com/id/3036697/ns...62182#51562182>

but it looks like there is a transcript here <http://www.nbcnews.com/id/51569646/n.../#.Uderkj5qbmY>

MATTHEWS: With me now is Dr. William Mackey. He's chief of surgery at Tufts Medical Center.

Dr. Mackey, thank you for joining us. I was looking yesterday, the first part of the tragedy that struck me was the number of hospitals up in the Boston area all with so many patients now in serious problems, serious threat to their lives. What was it like yesterday? What's the situation in your hospital at Tufts's?

DR. WILLIAM MACKEY, TUFTS MEDICAL CENTER: It was extremely hectic right from the get-go. The event occurred at about 2:50. By 3:30 or a little bit before, we had victims rolling in.

We got about nine people from the scene within about a 10-minute period. Eight of them had pretty serious injuries. Four of them immediately limb-

threatening injuries. They were triaged through our system quickly and within about 30 minutes, four of them were in the operating room here.

MATTHEWS: Were they amputations, in your case?

MACKEY: No, we had no fatalities and no amputations, at least so far. We had some very badly damaged limbs, however. All of the injuries were from the knee to the ankle. All of the major injuries, blast injuries. And several people with a lot of bone damage, open fractures, nerve damage, arterial damage. And a lot of muscle damage. So although they most likely won't lose their limbs, there is going to be a lot of rehabilitation, prolonged rehabilitation involved.

MATTHEWS: What about infection? I know from my brief covering of the blast from the IEDs, this is an IED apparently, over in Afghanistan, Iraq, the soldiers over there when they get hit with one of these blasts, it just throws so much bad stuff, crap, if you will, into their system because it comes from everywhere in the area.

Is infection a big challenge here for these patients?

MACKEY: Yes, absolutely. That's one of the reasons we wanted to get in of these patients up to the operating room as quickly as possible.

So under sterile conditions, we could wash out these wounds, remove the foreign debris, the dirt, the grime, the street debris in the wounds, as well as the shrapnel. And, you know, I think with washing them out, debrating (ph) the dead tissue, removing all the debris, there's a good chance they can avoid serious infection. Yes, infection would be a major risk with these patients.

MATTHEWS: Tell me about the burn victims. Was there any burns involved? I'm not that familiar what happens with a blast. Were there burns? Or is it all immediate wounds? Burns tend to get worse.

MACKEY: Yes, we had several burns. None of them were major burns. We had a few people with hand burns. Probably put up their hands to protect themselves reflexively and got some flash burns on the hands. We had some people with burns on their backs that weren't that severe. So I don't think the burns that we received are going to be really a threat to these patients.

MATTHEWS: How about traumatic hearing loss? That kind of thing? Blindness? Anything like that come of this?

MACKEY: No blindness. We had four patients that were initially suspected of having ruptured eardrums from the blast. Those patients all underwent scans last night and I think two of them ended up not having two ruptured eardrums and the other two did. They will recover their hearing over time.

MATTHEWS: How good a shock trauma operation was it yesterday? Were you -- just watching it, I'm so impressed by what looks on television to be such a wonderfully humane and professional response from the first responders. How did you -- who figured out which hospitals to send which victims to? How was that -- well, it looked to me wonderfully coordinated.

MACKEY: Well, I think you'd have to ask the directors of the Boston Emergency Medical Services. I don't know that there was any rhyme or reason to who, which patients were sent to which hospitals. I think they tried to distribute the patients relatively evenly among the major trauma centers here in Boston. And, you know, we're all fairly close to the scene, so distance was not a major issue. Tufts medical center is within a little less than a mile from the finish line. Boston Medical Center, Mass General, Brigham and Women's, all of those hospitals are within, you know, a mile to a mile and a half of the finish line. So, really not a huge difference in distance. And I don't think there was any triage of patients at the scene based on severity of injury or anything else. All of those hospitals are level one trauma centers all capable of accepting the most seriously injured patients.

MATTHEWS: So all of your patients right now, just to finish up, are not in critical condition, they're in stable or better?

MACKEY: Our patients are stable, thank goodness. They seem to be recovering. We should be able to discharge one or two of the patients tomorrow. And a few more will be in the hospital. But, you know, discharged from the hospital at this point is really the start of their recovery. A lot of rehabilitation. Maybe some later reconstructive surgery is going to be required.

MATTHEWS: Dr. Mackey, it's great to have you on in this terrible time. What a professional job you folks are all doing. Thank you so much for taking the time to tell the people what's going on.

We`ll be right back here on MSNBC.



The Following 3 Users **clive**, **joanneatom**, **The Surgeon**  
Say Thank You to  
**more\_cowbell** For This  
Useful Post:

6 Jul 2013, 01:11 AM

#172

**more\_cowbell**  
Thinker

Join Date: 18 May 2013

Posts: 107

Threads: 3

Thanked 220 Times  
in 81 Posts



Re: The Alleged Medical Witnesses

Brigham and Womans Hospital  
Dr Ron Walls ( the one in middle of photo below) has quite a slip up "...3 patients who obviously planted their shrapnel ...." woops. 1:25 here  
[http://www.cbsnews.com/8301-204\\_162-...thon-bombings/](http://www.cbsnews.com/8301-204_162-...thon-bombings/)



Also --  
Significant burns,  
Penetrating shrapnel to the face and the neck,  
Traumatic amputations,  
oh my.

I hope these Doctors are getting some fat research grants.



The Following 3 Users **clive**, **joanneatom**, **Slorri**  
Say Thank You to  
**more\_cowbell** For This  
Useful Post:

6 Jul 2013, 02:43 AM

#173

**felixfelix**  
Writer

Join Date: 21 Apr 2013

Posts: 493


Threads: 2

Thanked 1,117 Times in 426  
Posts



Re: The Alleged Medical Witnesses

Quote:

Originally Posted by **more\_cowbell**   
*Brigham and Womans Hospital  
Dr Ron Walls ( the one in middle of photo below) has quite a slip up "...3 patients who obviously planted their shrapnel ...." woops. 1:25 here  
[http://www.cbsnews.com/8301-204\\_162-...thon-bombings/](http://www.cbsnews.com/8301-204_162-...thon-bombings/)*

*Also --  
Significant burns,  
Penetrating shrapnel to the face and the neck,  
Traumatic amputations,  
oh my.*

*I hope these Doctors are getting some fat research grants.*

These people need naming -  
**Zara Cooper, MD**

Academic Title:  
Assistant Professor, Harvard Medical School

- she doesn't say much and the chatty one:

**Dr Joaquin Havens** who looks very uncomfortable


**Joaquim Michael Havens, MD**

Academic Title:  
Instructor, Harvard Medical School  
Department:

- Trauma, Burns and Surgical Critical Care



The Following 3 Users **clive**, **joanneatom**, **more\_cowbell**  
Say Thank You to  
**felixfelix** For This  
Useful Post:

 15 Jul 2013 ,  
03:57 AM


#174

**felixfelix**

Re: The Alleged Medical Witnesses

Writer

Over at another thread, a forum memmber pointed to a comment below a YouTube video

Join Date: 21  
Apr 2013  
Posts: 493  
Threads: 2  
Thanked 1,117  
Times in 426  
Posts  


**Anatomy12. Rene Fielding, QUEEN of EVIL  
MANIPULATION - YouTube**

which fingered both Army guy Lucas Carr and a trauma doctor at the Massachusetts General Hospital called **David R King MD**

King apparently ran the marathon in a respectable time. He is not listed on this forum yet.

<http://raceday.baa.org/individual.html>

David King from Cambridge Mass, bib # 2594 finished at 1:13:51 PM, nearly two hours before the incidents.

1.whdh.com/news/articles/local/boston/10010397799144/trauma-surgeon-ran-marathon-went-straight-to-mgh/  
18 April 2013



[I]David R. (David) King, MD

Dr King is a trauma and acute care surgeon at the Massachusetts General Hospital Trauma Center. Additionally, Dr King also attends in the Surgical Intensive Care Unit providing care to the sickest patients at the Massachusetts General Hospital.



Getty image here;

<http://www.gettyimages.co.uk/detail/...hoto/167225259>

BOSTON - APRIL 22: Massachusetts General Hospital - Paul S. Russell, MD Museum of Medical History and Innovation - Dr. David King, MD, trauma surgeon at Massachusetts General Hospital, gave remarks about the Marathon Bombing victim patients still in the hospital. Before he spoke, the family of Marc Fucarile, who was badly injured in the Boston Marathon bombings, gave remarks to the media during a press conference at Massachusetts General Hospital on Monday afternoon, April 22, 2013. (Photo by Dina Rudick/The Boston Globe via Getty Images)



<http://www1.whdh.com/news/articles/...raight-to-mgh/>

BOSTON (CNN) -- Dr. David King has his own remarkable story - not only has he been saving lives at Massachusetts General Hospital - he was at the marathon finish line shortly before the bombs went off.

**"When I walked into the emergency and I saw the first casualties there I felt like I could have been back in Afghanistan... it looked exactly the same," said Dr. King, a trauma surgeon.**

**Dr. David King - an Army reservist and MGH trauma surgeon - thought he had seen the worst serving in Iraq and Afghanistan, until the injuries he saw Monday.**

**But Doctor King wasn't even on duty Monday. He was running the marathon.**

**He had finished - and was heading home with his family when he got a text about the bombing.**

**With tired muscles - he went right to MGH.**

**"Within about 90 seconds of arriving, I was taking the first patient into surgery," said Dr. King.**



*That was more than 48 hours before he talked to the media.*

*"I haven't stopped yet," said Dr. King.*

**Dr. King says all his patients are now alert and awake** but he's not taking credit.

*"The entire system has been going non-stop.. I just can't say enough how proud of our team and our hospital," said Dr. King.*

*Dr. King says his patients won't just have scars like war veterans...*

*They may also have to deal with the same kind of emotional problems - like anxiety or PTSD.*

*April 18 2013*

April 18 2013

After Obama spoke at the service honoring the three killed and more than 170 injured when two bombs exploded near the finish line of the famous race, he visited Massachusetts General Hospital.

**"It was extremely uplifting for them -- I think some ways incredibly inspiring that he would take the time to come visit them and have a sincere interaction with them,"** Massachusetts General Hospital Dr. David R. King said.

Obama met privately with the patients, but King said "from standing outside the (hospital) rooms, I could see the big smiles."

**King, who ran the Boston Marathon and was then called into surgery, briefed Obama on each of the patients' injuries, and said the president was "humbled" by the patients' bravery and drive to recover.**

The hospital has treated more than 30 people who were injured in the Monday attacks. Eleven remain at MGH, with five in serious condition and six in fair condition.

**"I am extremely confident that all of our patients will make a fantastic recovery," King said.**

**The president also took the time to thank nurses and doctors treating the blast victims.**

"It is nice to be honored," Massachusetts General Hospital nurse **Alice Gervasini** said. "He was very personable with everyone he encountered. He was genuinely concerned."

Michelle Obama also met with patients at Brigham and Women's Hospital and Boston Children's Hospital before they returned to Air Force One.

<http://www.wcyb.com/news/local/metro/President-Obama-humbled-by-bombing-victims-bravery-drive-to-recover/-/11971628/19804718/-/e5cih1/-/index.html>

Hold on a minute, this is no ordinary nurse, she has a PhD...

**ALICE A. GERVASINI, PhD, RN**

Nurse Director

Massachusetts General Hospital

Boston, MA



Trauma Program Manager

Alice Gervasini, PhD, RN

Trauma and Emergency Surgery Program, Nurse Director

Video of King and Gervasini here [the runner is vest # 394 Mads Boesen from Denmark, not King]

<http://www.necn.com/04/18/13/Obama-v...blockID=838245>

*"Incredibly inspiring that he would take time out to come visit with them and have a sincere interaction with all of these folks who have been hurt," said Dr. David King, a trauma surgeon at MGH.*

*Doctors say the President's visit did more than heal the soul.*

"They were extremely honored that he was here. Their spirits were physically and emotionally uplifted," said Dr. Alice Gervasini, another trauma nurse at MGH.

"I could tell that the President was humbled by the patients' bravery and their fortitude and their drive to continue," Dr. King said.



The Following 2 Users **clive, joanneatom**  
Say Thank You to  
felixfelix For This  
Useful Post:

15 Jul 2013 , 04:43 AM

#175

## felixfelix

Writer

Join Date: 21 Apr 2013

Posts: 493

Threads: 2

Thanked 1,117 Times in 426 Posts



### Re: The Alleged Medical Witnesses

Also from getty:

BOSTON - APRIL 25: Orthopedic surgeon **Dr. Eric Bluman** talks about his patient, Boston Marathon bombing victim Heather Abbott, 38, of Newport, R.I., at a Brigham and Women's Hospital press conference, on Thursday, April 25, 2013. (Photo by Pat Greenhouse/The Boston Globe via Getty Images)

**Eric Bluman MD, PhD @orthoanklefoot 18 Apr** Check out the Bostrong running bibs!  
**#bostonstrong**

8:08 PM - 18 Apr 13 · [Details](#)

**Eric Bluman MD, PhD @orthoanklefoot 25 Apr** Dr. Bluman quoted **#bostonstrong** Boston's Man in the Chair Is Doing Great - The Atlantic Wire <http://www.theatlanticwire.com/national/2013/04/jeff-bauman-boston-recovery/64550/> ...



**Good News: Boston's Man in the Chair Is Doing Great — and Boston's on...**

8:47 AM - 25 Apr 13 · [Details](#)

**Eric Bluman MD, PhD @orthoanklefoot #bostonstrong #bostonmarathon #bostonbombing** For Boston bombing survivor, a life-changing decision [http://www.cbsnews.com/8301-18563\\_162-57581710/for-boston-bombing-survivor-a-life-changing-decision/?tag=socsh](http://www.cbsnews.com/8301-18563_162-57581710/for-boston-bombing-survivor-a-life-changing-decision/?tag=socsh) ... via **@CBSNews**



CBS News



**For Boston bombing survivor, a life-changing decision**

5:58 PM - 26 Apr 13

Bluman's special responsibility was Heather Abbott



seen smiling there in the face of adversity

A short tweeting life, Dr Bluman's.

Some more names at this website

<http://bostontrauma.wordpress.com/2013/04/>

**Boston Trauma**

**Natalie Stavas**

<http://www.latimes.com/videogallery/...trician-Doctor>

The first victim the doctor approached was a slender young woman, her legs exposed and bloody where she fell after the **explosions**: at the edge of Boylston Street near a mangled stroller and toppled barricades.

**Dr. Natalie Stavas performed CPR with the help of a stranger until paramedics arrived and loaded the woman, still unresponsive, onto a backboard and headed for the hospital.**

**Stavas, 32, had been near the finish of the Boston Marathon herself. She was covered in sweat and Gatorade, shivering, with numbness descending into her legs.**

**"I didn't feel anything," she later recalled.**

**She kept moving on to other victims. She plugged the gaping groin wound of a woman in her 30s with a borrowed T-shirt. She used other bits of clothing to stanch the bleeding from one man's mangled foot, and another's broken calf bone.**

**Then police, fearing another bomb, forced her to leave.**

With no one to treat, Stavas was suddenly feeling things **again**: a rush of responsibility, guilt for not doing more.

"As a physician, I take an oath to do the best I can," Stavas said at her apartment in Boston's South End **last** week, stifling tears.

Before she left Boylston, **Stavas snapped a photo with her cellphone of the spot where she treated the first woman.**

A week later, more than 50 bombing victims were still recovering in Boston hospitals, and many more, like Stavas, are grappling with the emotional and psychological toll of the attack.

Stavas is not easily shaken. She is not normally a crier — she likes to tell people she didn't cry in "Titanic" or "The Lion King." The daughter of a doctor and nurse, the oldest of five raised in a Nebraska farm town, she knew what she was getting into when she embraced medicine. **She was a trauma nurse in San Diego and Chapel Hill, N.C., and then became a pediatric resident treating some of Boston's neediest children through the joint program at Boston Medical Center and Boston Children's Hospital.**

She is slender and petite, her hair a tumble of blond waves. She works 90-hour weeks. In her spare time this year she was teaching spin aerobics **classes** to fellow residents and training to run the Boston Marathon with her dad, her fourth time in the iconic race.

**When she broke her left foot training weeks ago, she let her doctor know she still intended to complete the marathon.**

**She was running for charity, and couldn't let her father down.**

**Despite her injury, she was on pace to finish that day in 4:09 (45 minutes slower than her personal best) when she approached the corner of Boylston and heard the blasts.**

**Her father was with her at first as she sprinted toward the wounded. A police officer stopped her.**

**"I'm a pediatric physician — I have to get to the scene!" she shouted. The officer let her through. Stavas hopped a 4-foot barricade and went to work.**

**"She was like an Olympic runner — I couldn't keep up with her," recalled her father, Joe Stavas, 58, a radiologist, who also helped treat fellow runners.**

After being ordered away, she walked to the nearby **Colonnade Hotel**, where she found her mother in the lobby, sobbing. Unable to reach her daughter or her husband, she had assumed the worst. Soon after, Stavas' father arrived. Then the hotel was placed on lockdown as the area was searched for explosives. It was hours before Stavas finally returned home to her South End brownstone to rest.

Sleep brought nightmares. She relived her struggle to reach the wounded: An officer stopped her, she passed him but he trailed behind her, somehow slowing her down.

"It was just this recurring theme: that I had to get there," Stavas said.

The **pediatric** resident returned to work Wednesday at Boston Medical Center, which treated a dozen of those wounded in the bombing. Although Stavas was not involved with their cases, she was reminded of them every time she entered the hospital and passed the slew of added police, huge men dressed all in black. She gave the hospital's pediatric emergency department the money she raised running the marathon, \$6,000.

The next day, she attended the marathon memorial service at the Cathedral of the Holy Cross. As a first responder, she was ushered up front and seated amid a sea of firefighters, which she found comforting. The service became like a funeral for her, a time to mourn the victims.

"It was very cathartic," she said. "I've been living with this sort of pit of grief inside me."

Stavas was moved by President **Obama's** speech about the spirit of Boston and its first responders, his insistence that Boston will run again. By the end of the memorial, she was among those on their feet applauding, "whooping and hollering and amen-ing."

As the manhunt continued last week, Stavas noticed the implied hope that capturing the suspects would bring an end to the city's suffering.

"I just don't think it's going to be that simple," Stavas said.

She was supposed to work a 28-hour on-call shift Tuesday, but was allowed to postpone it. She called her parents at the gate at Logan International Airport and asked them to stay.



"She was shaken and kind of still in shock," her father [recalled](#). Stavas was by now known as a symbol of Boston's heroism and resilience. She spoke with reporters, some of whom tried to get her to describe the first woman she treated, believed to be one of the two women killed. She refused, for privacy reasons.

She was home when news broke Friday of the capture of [Dzhokhar Tsarnaev](#), 19. The abstract evil that haunted her dreams had a face. To Stavas, who treats patients up to age 20, Tsarnaev seemed like so many other youths she had helped at the hospital.

"Capturing him made me even more sad that it was such a young person that created this mess," she said. "What has gone so wrong in our world that a 19-year-old doesn't think twice about killing and maiming people at a peaceful event?"

Stavas plans to participate in a debriefing for hospital staff on the bombings, which she thinks will help her process what she saw that day. She also plans to run the Boston Marathon again next year. If some of the victims she treated contact her, she said, maybe she could run with them.

**Stavas never learned the identity of that first woman she treated, but she has let go of the need to know her fate.**

"It's time to move forward, without forgetting them, and tell myself I did the best I could do and I don't have to feel guilty, or feel their injuries or their deaths were my responsibility," she said Sunday as she returned home after a 30-hour shift at the hospital. "I know they survived, and I can kind of find some peace with that."



*Flora Sam, MD, rushes to help in the ED.*

*Natalie Stavas bib # 24851  
father Joseph Stavas bib # 23889  
ran side by side at half way, 12:49:57 pm*

*40k AT 2:45:52*

*She is running in pink, with hair tied back with pink band. I don't see anybody jumping over any fences looking like that.*

*Gaping groin injury anyone???*

<http://www.nydailynews.com/news/nati...icle-1.1319510>



Stavas was exhausted, and she had raced despite having a broken foot. But none of that held her back from heading straight into bedlam.

"I was running like a bat out of hell," she told the Boston Globe on Wednesday. "I wasn't aware of my fatigue."

After the second of two bombs went off, Stavas, 32, stumbled upon an unconscious young woman with a gaping thigh wound. Stavas dropped to her knees and began administering CPR as paramedics arrived.

Then the pediatric resident at Boston Children's Hospital got up and started running again. About 30 feet away lay another young woman, this one with a giant hole in her pelvic area.

"As soon as I saw the wound, Stavas said, I began screaming that this woman needed to be sent to a hospital."

Next up was a man whose foot was destroyed. After him, a young man whose leg bone was sticking out of his skin.

"I've never seen anything like that before — like a true utter battle zone. I thought 'How could someone do this to so many innocent people?'"

[David Abel @davabel 30 May @nstavas](#) rocked the house at Symphony Hall, where she conducted the Pops and got a standing ovation for her heroism [pic.twitter.com/YTd0FOYLMV](http://pic.twitter.com/YTd0FOYLMV)

Retweeted by [Natalie Stavas](#)



8:38 PM - 30 May 13 [from Boston, MA](#) · [Details](#)

Now off to Haiti - all tweets removed between May 2011 and 1 May 2013.



The Following 3 Users [clive](#), [joanneatom](#), [Slorri](#)  
Say Thank You to  
[felixfelix](#) For This  
Useful Post:

15 Jul 2013 , 09:09 AM

#176

### [felixfelix](#)

Writer

Join Date: 21 Apr 2013

Posts: 493

Threads: 2

Thanked 1,117 Times in 426 Posts



#### Re: The Alleged Medical Witnesses

*She spoke with reporters, some of whom **tried to get her to describe the first woman she treated, believed to be one of the two women killed. She refused, for privacy reasons***

Hmmmm.. but no, we are at the finish line. But hey, she didn't finish, or get close enough to finish. So it could only be site #2, if it happened at all.

<http://articles.latimes.com/2013/apr...rauma-20130422>

I am struggling to find any mention of an autopsy or cause of death for Lu Lingzi. Perhaps because there was no death?? And no gaping hole??

cf "Massachusetts Bay Area Transit Police Officer Richard Donohue, who had been shot in the **groin**. The bullet struck an artery, and Donahue was bleeding profusely, Deveau said."



<http://www.usatoday.com/story/news/n...pture/2101501/>

[http://www.huffingtonpost.com/2013/0...n\\_3133896.html](http://www.huffingtonpost.com/2013/0...n_3133896.html)

*Stavas provided life-saving treatment to a number of seriously injured victims. **She pumped oxygen into a woman whose thigh had been blown open** and then worked on another*

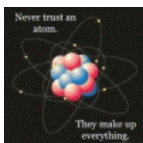
	<p>woman who had a hole in her groin. She also wrapped a tourniquet on a man with a mangled foot, according to the Los Angeles Times.</p> <p>"As a physician, <b>I take an oath to do the best I can</b>," she told the paper.</p> <p>April 22 2013</p> <p>watch the video.... "flying so fast like a deer.." says her father... but why isn't she identified in the video - perhaps because it's all fiction??</p>
--	---

<p>The Following User Says Thank You to <b>felixfelix</b> For This Useful Post:</p>	<p><b>joanneatom</b></p>
---	--------------------------

<p>15 Jul 2013 , 10:58 AM</p> <p><b>boston_hoax</b> Reader</p> <p>Join Date: 7 Jun 2013</p> <p>Posts: 21</p> <p>Threads: 3</p> <p>Thanked 45 Times in 15 Posts</p> <p></p>	<p style="text-align: right;">#177</p> <p>Re: The Alleged Medical Witnesses</p> <p>Quote:</p> <p>Originally Posted by <b>felixfelix</b> </p> <p><i>She spoke with reporters, some of whom <b>tried to get her to describe the first woman she treated, believed to be one of the two women killed. She refused, for privacy reasons</b></i></p> <p>Hmmmm.. but no, we are at the finish line. But hey, she didn't finish, or get close enough to finish. So it could only be site #2, if it happened at all.</p> <p><a href="http://articles.latimes.com/2013/apr...rauma-20130422">http://articles.latimes.com/2013/apr...rauma-20130422</a></p> <p><i>I am struggling to find any mention of an autopsy or cause of death for Lu Lingzi. Perhaps because there was no death?? And no gaping hole??</i></p> <p>cf "Massachusetts Bay Area Transit Police Officer Richard Donohue, who had been shot in the <b>groin</b>. The bullet struck an artery, and Donahue was bleeding profusely, Deveau said."</p> <p><a href="http://www.usatoday.com/story/news/n...pture/2101501/">http://www.usatoday.com/story/news/n...pture/2101501/</a></p> <p><a href="http://www.huffingtonpost.com/2013/0...n_3133896.html">http://www.huffingtonpost.com/2013/0...n_3133896.html</a></p> <p><i>Stavas provided life-saving treatment to a number of seriously injured victims. <b>She pumped oxygen into a woman whose thigh had been blown open</b> and then worked on another woman who had a hole in her groin. She also wrapped a tourniquet on a man with a mangled foot, according to the Los Angeles Times.</i></p> <p>"As a physician, <b>I take an oath to do the best I can</b>," she told the paper.</p> <p>April 22 2013</p> <p>watch the video.... "flying so fast like a deer.." says her father... but why isn't she identified in the video - perhaps because it's all fiction??</p> <p>I like this comment from the huffpost article---</p> <p>"These stories are starting to get annoying. Of course, it's great what these people did and do. I am a Paramedic myself. My natural reaction when a news camera comes is to walk the other way Most of us do, we don't think we're special. I don't do it for recognition and it's my job. I think these people should be proud of what they did or tried to do an nothing more. Be a silent hero and stop getting in front of the camera. To some extent I don't see any of the response extra ordinary. I saw it as what I hope we all would do, and as we saw people stepped up as a whole and put themselves in danger which is amazing. Just stop getting in front of the camera as an individual. Maybe im wrong, maybe most people wouldn't step up. She's a physician and it's by law that she HAS to act and cannot just walk by. It seems self aggrandizing to me. Good for you, great job to ALL the people who acted selflessly."</p> <p><a href="http://www.huffingtonpost.com/social...247386043.html">http://www.huffingtonpost.com/social...247386043.html</a></p>
---	--

<p>The Following 3 Users Say Thank You to <b>boston_hoax</b> For This Useful Post:</p>	<p><b>clive</b>, <b>joanneatom</b>, <b>Slorri</b></p>
--	---

<p>16 Jul 2013 , 21:09 PM</p> <p><b>joanneatom</b> Free Mind</p>	<p style="text-align: right;">#171</p> <p>Re: The Alleged Medical Witnesses</p> <p>Not completely on topic, but encompasses many of issues previously discussed in this thread.</p>
--	---



Join Date: 6 Dec 2012

Location: UK

Posts: 1,089

Threads: 10

Thanked 2,361 Times in 840 Posts



The following article was published on the JEMS website in the 'Major Incidents' section and the author's name is Lucien Cantor. It almost reads like a running commentary for how they planned/executed various stages of the hoax! The full article is available here: <http://www.emtcity.com/page/articles...-hub-ems-r1020>

It begins with a familiar reference to hoax planning/MSM tactics and continues with the scripted subliminal message re the bomb/nails/backpacks etc. If everybody repeats the same message over and over it embeds itself in the psyche of the reader - thus killing two birds with one stone in this particular incidence.

Quote:

...Like most of you, I was glued to the news on April 15 after being alerted about the Boston Marathon bombings. The scenes were horrific as they played out live on every news network and social media site. Because of the preplanned, scheduled media coverage of the marathon and the strategic location of camera crews at the finish line, the world got an unprecedented look at one of the most demanding mass casualty incidents ever managed in the U.S.

Pressure-cooker bombs loaded with nails and small steel BBs, packed in backpacks and positioned in two ground-level locations near the finish line exploded within 15 seconds of each other. The flash flames and pressure waves that resulted after detonation, as well as the spray of shrapnel intentionally placed in the homemade bombs, hit and leveled those in close proximity. The horrific injuries inflicted on 176 people were identical to those suffered by troops after improvised explosive device blasts in Iraq and Afghanistan. The only difference is that the injuries occurred on American soil.

It happened at one of the most popular sporting events in our nation, was directed at unsuspecting, innocent men, women and children, and was *witnessed by millions of people* on live TV and cell phone videos.

Making sure the entire world saw this event through 'strategically' placed cameras/social media broadcasts was an understatement. It was witnessed by millions and had to be for the event to be considered 'real'. On the surface, this approach may seem like a paradox yet it could also be viewed as a calculated ploy. The event itself was sloppy but this was negated by the massive global MSM coverage overkill. 'They' know it doesn't have to be perfect with such an enormous audience viewing it. The majority prevail and the sad fact is the majority believe what they see and hear on their tv screens. People who question it are outcasts and often ridiculed. Putting it out there on such a massive scale virtually guarantees the official account will be accepted and prevail. Far many more people then pour scorn on 'debunkers' who end up pigeon holed into a smaller and smaller group. They have no voice, and without a voice no one will ever take them seriously.

The article then proceeds with that word again - preparedness. It elaborates on a lot of the things we thought were going on but had been lacking a bit on detail.

Quote:

#### **Role of Preparedness**

While most of this was probably planned by the perpetrators for maximum death and physical trauma on the victims and emotional impact on our nation, what 26-year-old Tamerlan Tsarnaev and his 19-year-old brother Dzhokhar didn't realize was that they were detonating their bombs at the epicenter of medical preparedness in Boston.

The Boston Marathon is one of the best pre-planned events in the world. Friends whom I have known and trained with from Boston EMS (BEMS), many with 30-plus years on the job, were positioned with their pre-staged ambulances within eyesight of the detonation sites.

In addition, the primary medical tent—a massive structure organized and operated by the Boston Athlete Association each year and staffed by scores of physicians, residents, medical students, critical care nurses, EMTs and paramedics— was within 50 yards of the finish line.

In total, 103 BEMS EMTs and paramedics were assigned to the marathon. In addition to the regiment of 26 ambulances in regular city service and numerous private service units that were integral to the marathon and back-up to city units, 14 BEMS ambulance were specifically assigned only to the marathon.

The BEMS ambulances assigned to the marathon were pre-staged on nearby side streets and outside the medical tent when the blasts occurred.

They were immediately pressed into service and augmented by a wave of other ambulances from nearby districts and ambulance services. The mutual aid ambulances and dispatch centers also used the Boston Mutual Aid Ambulance (BMAA) UHF channel implemented in 2012 to ensure coordination of all involved city and mutual aid ambulances during major incidents.

In addition, some of the most clinically exceptional medical centers in the world were located within one mile of the medical tent, just six short minutes by ambulance—allowing ambulances to transport patients, do a quick turn-around and rapidly return to the tent/triage area.

Whilst I realise events on the scale of the Boston marathon will have ambulances nearby, this seems like a bit much. How convenient that there were ambulances at pre-staged locations within eyesight of the 'detonation' sites. Also, why would an author from a caring profession ever use the words 'detonation site'? The use of language indicates a different profession, imo.

Cantor further notes there were 26 ambulances in pre-stages side streets with 'numerous private' ambulances in the vicinity to provide 'back up'. If this is the case, would the author care to explain why only ONE ambulance attended bomb#1 and even then it took five minutes to get there?



If Boston has some of the best hospitals in the world just six minutes from the medical tent why the hell didn't they just take them there in the first place and cut out the useless middle man? Critically wounded patients may well of died - there was nothing in the tent that could of helped them. Foot doctors were allegedly using the shirts off their own backs as tourniquets trying to treat amputees with no pain relief, whilst despairing at the fact that the only 'stabilisation tool' available to them was a saline drip.

Quote:

..allowing ambulances to transport patients, do a quick turn-around and rapidly return to the tent/triage area

Really? Is he actually suggesting that they were dropping patients off at hospital and then returning for more? We have seen numerous accounts that state every ambulance in the greater Boston area responded. There was neve any need to return - indeed this sort of action would only of clogged up the streets even more impeding the resp times for other ambulances making their way to the hospital. A small reminder of the situation on the ground:



The next part deals with hoax training and the use of false accounts to make your narrative believable.

Quote:

#### **Role of Training**

And although the Marathon bombings were a huge departure from normal marathon operations, which usually consist of blister and heat management issues, the crews were drilled and familiar with their assignments and vehicle staging, and the patient processing areas and procedures. They had been trained, equipped and prepared for terrorism and mass care events for decades and simply adapted to this escalated event, easily converting their response to this multiple-casualty incident of unprecedented proportions.

The fact is that MCI management must be a simple extension of daily operations to be effective. The BEMS system was so efficient on April 15 that the first 11 critical patients were delivered to trauma centers in just 18 minutes—from time of blast to arrival at hospital. In all, a total of 91 serious and critical patients were triaged, treated and transported in just 22 minutes. This doesn't happen by accident; it occurs from training, a constant thought process and operational efficiencies.

The real take-away message of this article is that Boston EMS had trained and prepared for an incident of this nature for years and were completely prepared for it on April 15. You see, Boston EMS has (pardon another old cliché) "the right stuff." They get it and have gotten it for decades.

For example, long before the *bombing of the World Trade Center on Sept. 11, 2001*, BEMS, a highly respected third-service EMS provider, had a special operations division that prepared its entire staff for special events and an MCI of this nature, and deployed specialized vehicles for special operations and MCIs.

Eh? I can't think where I heard it but something tells me that *officially*, the WTC was brought down by airplanes



crashing into it and not a bomb...

The other thing to take away from the above is the 18 minute claim. We know this never happened. We also know that a lot of the 'critical' patients were still outside the back of the tent awaiting transportation 40 minutes after the initial 'blasts'. These were people who were in 'urgent need' of transportation (Christian Williams etc), but were left to fester. Moreover, the majority of the ambulances responded to nothing - they simply parked up and queued around the block before returning to base having never been called forward to transport a patient.

Other references to the 18 minutes claims at these links.

<http://www.emergencymgmt.com/emergen...es-042513.html>

<http://bostonherald.com/sites/default...losioncs06.jpg>

The last part of the article kind of gives the game away. A covert nod to Serino again...

Quote:

#### Key Role of Tourniquets

When all hell broke loose at the marathon and panicked spectators were fleeing the scene, the men and women of BEMS raced to the nearly 200 horribly injured trauma patients. They weren't trying to be heroes; they were simply executing protocols and procedures to locate, find, triage, stabilize, move and distribute scores of patients as they had been trained to do.

But perhaps the most significant contribution by BEMS occurred in 2005 when members of their staff, along with multiple Boston physicians, studied the use of tourniquets in the field and decided that BEMS should take a leadership position and again carry and use tourniquets in Boston.

BEMS EMTs also saw the lifesaving results being realized on the battlefields of Iraq and decided to unequivocally prove that they could have the same results on the streets of Boston. They did just that and published their results in the August 2008 issue of JEMS in the epic article, "The Return to Tourniquets." (1)

These early articles and the March 2012 JEMS article, "Extreme Bleeds: Recommendations for tourniquets in civilian EMS," resulted in most states and EMS Systems returning tourniquets to the armament of their kits and vehicles. But the effort started in Boston. (3)

There's absolutely no question that tourniquets played a key lifesaving role on the streets of Boston on April 15, especially on patients who had multiple traumatic amputations. EMS systems that currently don't carry at least four tourniquets per vehicle need to obtain and deploy them immediately because their crews could be just one backpack away from disaster.

What was the obsession with tourniquets in Boston about? For years they had been doing various studies into their effective civilian use. This is not necessary in the grand scheme of things but they were unrelenting. Why? Attributing the lack of loss of life to tourniquet use in Boston is a complete diversion from the truth. Clearly the author made this up - we have seen ample reports that Boston EMS carried no tourniquets in their vehicles at all coupled with the fact the the tourniquet of choice was a sweater.

Serino's original study in PDF format here: [http://valorproject.org/uploads/The\\_...ourniquets.pdf](http://valorproject.org/uploads/The_...ourniquets.pdf)

The author finishes the piece with this:

Quote:

#### Conclusion

The Boston EMS crews, supervisors and BAA medical staff, and many Boston-area mutual aid EMS agencies and crews, became media stars.

Wearing distinctive colored identification vests, protective gear and helmets, there was no question who they were or what they were responsible for at that finish line war zone. They didn't seek or expect stardom, but they fittingly received it.

They were decisive, polished and professional. They were well-trained, disciplined and effective, and they made us all proud. Thank you, Boston EMS.

I almost get the feeling this guy is blatantly laughing at us in the face. The finish line 'war zone' was exactly what they were responsible for! It was a hoax, and the 'media stardom' of many was planned from the very beginning. Who will question the candor of a doctor? By using such people/actors in conjunction with the MSM they provide yet another subliminal outlet with which to hammer the official narrative home. Polished and professional at lying to the camera - nothing else.

..Never trust an atom...they make up everything....

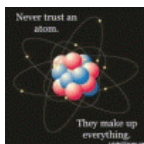


The Following 2 Users  
Say Thank You to  
joanneatom For This

[clive](#), [felixfelix](#)

24 Jul 2013 , 13:13 PM

#17

**joanneatom**  
 Free Mind


Join Date: 6 Dec 2012

Location: UK

Posts: 1,089

Threads: 10

Thanked 2,361 Times in 840 Posts



Re: The Alleged Medical Witnesses

The runner in this familiar picture is called Katherine.

Source: <http://m.abc17news.com/image/view/-/...ing-on-jpg.jpg>

I do not have a surname for her but she goes by the screen name 'Neon Blonde Runner' and appears to post in a running forum and blog. The reason she looks so distressed in this picture is because she had just been booted out of the medical tent to make room for all the 'non' casualties. Yet if she is to be believed there was there long enough - she claims to of witnessed the first casualties come through the door.

Her initial post from the 17th April:

Quote:

My heart is broken for all the people who were hurt, killed, or in some way affected by the bombings at the Boston Marathon on Monday. So much sadness and disbelief, I honestly can't believe something like this happened.

I'll maybe do a post in a couple days after I have a little more time to process stuff to share what was happening from my perspective in the medical tent, just don't feel quite up to it at this time.

Source: [http://www.neonblonderunner.com/2013\\_04\\_01\\_archive.html](http://www.neonblonderunner.com/2013_04_01_archive.html)

It would be over a week before she shared her alleged experience. She posted on the matter on the 25th of April, and I have edited her post to include only the details relevant to the medical tent and how she ended up there. Her full account is at the source.

Quote:

I finished the race, I ended up in the medical tent, bombs went off, people were hurt/killed and nothing has been the same since.

Somewhere along the back half of the course (maybe around mile 21?) I started to get goosebumps on my arms, I felt weird, and I knew something wasn't quite right. By the time I got to mile 23 or 24(?), I couldn't see clearly (couldn't read my watch, had no clue what my pace, time, etc. was), my hands/face were numb, I felt confused, and I felt like I was swerving. If it had been any other race, I would have dropped out, but it was the Boston Marathon, the spectators were incredible, and I was determined to reach the finish.

When I shuffled like a malfunctioning robot across the finish line, I couldn't stand up straight and 2 volunteers

helped me.

Source: [http://www.neonblonderunner.com/2013\\_04\\_01\\_archive.htm](http://www.neonblonderunner.com/2013_04_01_archive.htm)

An image of her at the finish line.



Source: [http://www.neonblonderunner.com/2013\\_04\\_01\\_archive.html](http://www.neonblonderunner.com/2013_04_01_archive.html)

She continues...

Quote:

...We worked our way over to the medical tent where I plopped down on a stretcher and felt really weird/awful. I could barely keep my eyes open and couldn't remember who I was supposed to meet. I had no clue how long it had taken me to run the marathon. Everyone was so incredibly helpful, the medical professionals were so kind and comforting. It turns out I had a temperature of 101.7, a lactate of 7.7 and a pH of 7.5. The MD wanted me to receive 2 liters of normal saline through my IV and the plan was to recheck my labs afterward.

I was on my 2nd liter of normal saline through my IV when we suddenly heard and felt a "boom...boom." The MD with me said "don't worry about it, I'm sure it's fine, just relax" and the nurse with me said "don't worry, I think it's a transformer, it'll be OK." I kept trying to get out of the cot, but they wanted everyone to stay put.

Source: [http://www.neonblonderunner.com/2013\\_04\\_01\\_archive.htm](http://www.neonblonderunner.com/2013_04_01_archive.htm)

Many of the medical personnel in this thread have attested to something different in their 'interpretation's' of the explosion sound. The two most popular ones seem to be the 'celebratory cannon' going off and the 'I knew it was a bomb' interpretation. The transformer excuse has been mentioned yet only in a very small number of cases.

The account also shows us something different. Far from being alarmed by cannons/bombs/transformers etc the medical personnel attending to this woman were not bothered in the slightest. A hint at foreknowledge perhaps? This may offer an explanation for various conflicting accounts. Whilst in the tent they said one thing to people, then on exit they went with the official script?

She may also of helped to solve one of our other issues relating to a picture. This picture has been discussed previously. We were unable to confirm that it was taken in 2013, or if it was tent a or tent b. She notes that she did not take the picture herself but that this was the scene in year's tent prior to the 'casualties' arriving.



Source: <http://1.bp.blogspot.com/-tQpJZelMxL...psc6705343.jpg>

She elaborates on the events inside the tent with the rest of her post.

Quote:

Within seconds, an announcer came over the loud speaker and asked everyone in the tent to clear out the center aisle of the tent to make room.

Suddenly victims in wheelchairs and stretchers started getting rushed in.

The first person I remember seeing was a younger man, in his 20's, in a wheelchair, both of his legs missing. Maybe it's my imagination, but they parked right in front of my cot while trying to figure out where to go. Or maybe time just froze at that moment? My heart sunk.

More and more people were rushed into the tent.

It felt shockingly quiet in the tent. I didn't hear anyone screaming out in pain. None of the medical professionals were yelling. They all flowed around the room which is incredible, considering there were only a limited number of people with actual trauma experience.

The tent was transformed into a mass casualty triage area.

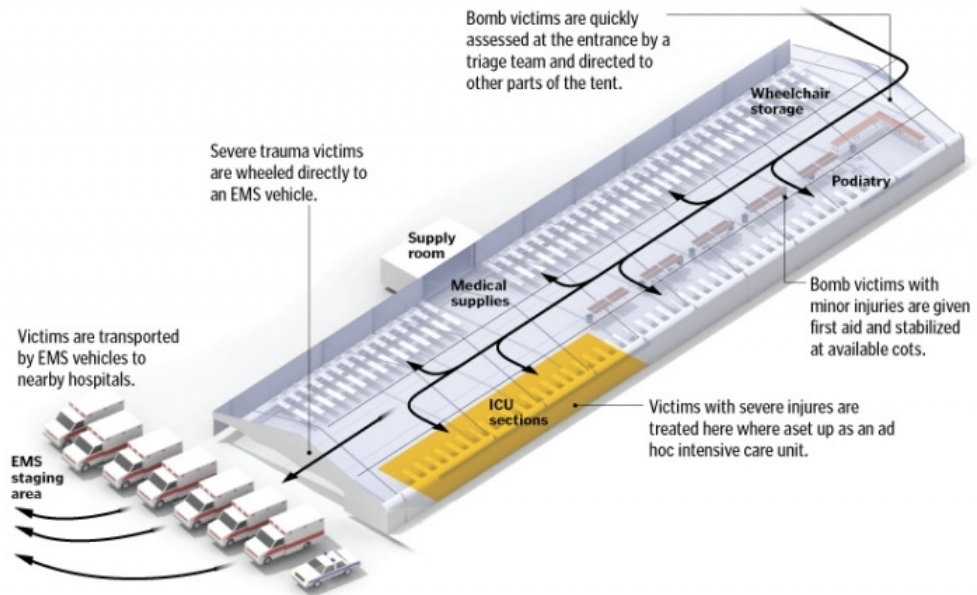
People scribbled on strips of white bed sheets with permanent markers to label the different areas (triage level 1, morgue, triage level 2, etc.) Ambulances were pulled up to the back entrance and were taking victims to nearby hospitals.

Here's a map of where the tent was in relation to the bombings and a diagram of the inside of the tent (which is actually arranged differently from how I remember it, that orange area is where they moved me and a few of the other runners and the area across the middle area was where the level 1 people were, but maybe I'm remembering it incorrectly).

Source: [http://www.neonblonderunner.com/2013\\_04\\_01\\_archive.html](http://www.neonblonderunner.com/2013_04_01_archive.html)

The map she uses is this one which we have discussed here previously.





Source: <http://www.bostonglobe.com/rw/Bosto...cal-tent/3.jpg>

She continues...

Quote:

I felt like I didn't need to be there, but my MD wanted to recheck my labs before I left, so I was moved to the far corner of the tent with a cluster of a few other runners. A little later, as more and more people funneled in (and out the back door into ambulances) and my IV finished, the MD popped over and told me I could leave and just follow up later if necessary. I signed some stuff and I was on my way.

[http://www.neonblonderunner.com/2013\\_04\\_01\\_archive.html](http://www.neonblonderunner.com/2013_04_01_archive.html)

Some points of note.

1. We were told that as soon as the decision to commandeer the tent was made every single person receiving treatment was booted out immediately. Yet this woman says some were ushered into a far corner and witnessed the whole thing.
2. She claims the central aisle was cleared to make room for the 'casualties' If that's the case they put everything back into the aisle for no apparent reason. We have seen photos of the aisle allegedly taken just after the event was over - the aisle was cluttered and not clear at all.
3. She may of seen Jeff. We were told his injuries were so serious he was wheeled straight through the tent to an ambulance without stopping. This woman has them parking him up whilst looking around the place not knowing what to do with him!
4. We were told that people were taken to straight to the tent rather than hospital because it was the best place at the time. This thread has already proven this to be an utter rubbish as there was absolutely no appropriate equipment there to treat people with life threatening 'injuries' such as the one's coming out of Boston. This woman gives us another clue - she states there were 'very few' people there with any trauma experience at all.
5. The map of the tent put out by the PTB was not accurate. The 'intensive care' section was actually where the small group of 'witnesses' were placed.
6. Whilst the mass casualty event was taking place, doctors still somehow found the time to continue treating the witnesses in the corner. A ludicrous proposition when it was all hands on deck.

All of the runners shoved in the corner were suffering from minor complaints. It makes absolutely no sense that they would be kept there whilst 'war zone' response and treatment was taking place around them.

So why were they allowed to stay? It suggests that they were there as potential back up for the official line. Only a very small group stayed and they were pushed right into the far corner away from the main action. They were also blocked by people who were supposed to be treating them so they didn't see too much.

All it took was one to sow the seed of 'truth' - Jeff parked opposite knowing that after just one glance no individual would be returning their gaze a second time. After the show was over they were chucked out. By then they'd inadvertently seen enough moulage to last a life time yet they just didn't know it. They were set up on the basis that independent witnesses may be needed at some point, imo.



..Never trust an atom...they make up everything....

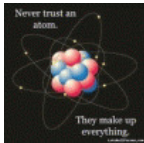


The Following User  
Says Thank You to  
joanneatom For This  
Useful Post:

[clive](#)

2 Aug 2013, 16:34 PM

**joanneatom**  
Free Mind



Join Date: 6 Dec 2012

Location: UK

Posts: 1,089

Threads: 10

Thanked 2,361  
Times in 840 Posts



Re: The Alleged Medical Witnesses

### First alleged picture from inside Mass General hospital.

Mass General Accident and Emergency Department, an hour and 25 minutes after the first 'blast'. Allegedly taken by a psychiatric doctor by the name of Dr John Herman (larger at the source).



Source: [http://www.wbur.org/files/2013/06/MGH\\_ED-04-15-2013.jpg](http://www.wbur.org/files/2013/06/MGH_ED-04-15-2013.jpg)

This piece from a healthcare journal is written in a very odd style. It almost gives the impression they are openly compensating for any anomalies that may be noted from the release of the picture.

Quote:

...A Boston Marathon jacket from the race three years earlier hangs over one chair, a white coat over another. One staffer looks on, head in hand. Another stands with hands on hips. Some are checking their phones, trying to triangulate the triage they've been treating, or are readying to treat. They've already shimmied into surgical gowns over their scrubs.

It's 4:15 pm on 4/15, Patriots' Day, Marathon Monday. It's the eye of the storm in the emergency department at Massachusetts General Hospital. The photo captures the nerve center of the hospital's emergency department after the initial rush of marathon bombing patients. Not long before, the department's day-shift staff was going through a routine protocol: the daily hand-off to the evening shift that takes over at 3:00 p.m.

The bombs were not routine. They both detonated a little more than a mile away, a zigzag away through a marvelous city in spring bloom, on Boylston Street, at 2:50 p.m. At 2:55, Boston EMS notified Mass. General and other Boston-area hospitals to be prepared for mass casualties. MGH activated its "Code" disaster plan. That was at 3:03 p.m.

**One minute later, at 3:04, the first patient arrived in a police van. Amputation.**

Over the next hour, the emergency staff treated 14 more patients. More amputations. Shrapnel wounds. Burns. A stream of critically injured civilians, some in cardiac arrest, that MGH's president, Peter Slavin, called "unprecedented in our history."

Each critical patient was moved to an operating room within minutes, while others were treated in bays adjacent to the central room of the emergency department pictured here. When the fateful photo above was snapped about 4:15 pm, the first rush had passed. The medical professionals shown in the photo don't know that another 24 patients are on their way.

In all, Massachusetts General Hospital treated 39 bombing patients on April 15, 2013. Twelve were hospitalized at least overnight. Eight were critically injured.

They all survived.

And one reason is visible in this photograph: a digital clock that grabs more than two dozen medical professionals standing by. When this photo was taken, their colleagues are in operating rooms, fighting to save lives and limbs. Some bombing victims are within eye-and-earshot in adjacent patient bays. But those patients are being taken care of. They're not the responsibility of the people pictured here.

\*One digital clock pictured displays 4:15 p.m.; another appears to show 4:18 p.m.

Full article here: <http://commonhealth.wbur.org/2013/06...thon-mgh-photo>

There is a Dr John Herman working at Mass General. He is listed here: <http://www.massgeneral.org/psychiatr....aspx?id=16691>

The first seventeen entries in Mass General's emergency log from the day in question. Patients who are logged as 'admitted' are individuals staying in hospital for a least one night.

Date of arrival	Time of arrival	Status	Injury
4/15/2013 15:04	3:04:00 PM	Admitted	AMPUTATION
4/15/2013 15:05	3:05:00 PM	Admitted	KNEE INJ
4/15/2013 15:15	3:15:00 PM	Admitted	AMPUTATION
4/15/2013 15:17	3:17:00 PM	Discharged	L HAND INJ
4/15/2013 15:20	3:20:00 PM	Admitted	AMPUTATION
4/15/2013 15:22	3:22:00 PM	Admitted	AMPUTATION
4/15/2013 15:23	3:23:00 PM	Admitted	SHRAPNEL/FOOT
4/15/2013 15:27	3:27:00 PM	Admitted	AMPUTATION
4/15/2013 15:27	3:27:00 PM	Discharged	EXPLOSION INJ
4/15/2013 15:27	3:27:00 PM	Discharged	EXPLOSION INJ
4/15/2013 15:28	3:28:00 PM	Admitted	EXPLOSION
4/15/2013 15:30	3:30:00 PM	Admitted	TRAUMA
4/15/2013 15:41	3:41:00 PM	Admitted	TRAUMA
4/15/2013 15:52	3:52:00 PM	Discharged	DISASTER
4/15/2013 16:00	4:00:00 PM	Discharged	DISASTER
4/15/2013 16:22	4:22:00 PM	Admitted	EXPLOSION
4/15/2013 16:32	4:32:00 PM	Admitted	EXPLOSION

Source: <http://www.wbur.org/files/2013/06/MG...-4-15-2013.jpg>

I have never heard of a person's injury/medical condition being noted as 'explosion'.

The first patient through the door in the document above was logged as an amputation.

Quote:

One minute later, at 3:04, the first patient arrived in a police van. Amputation.

There was only one incidence of a patient arriving in a police van - Roseann Sdoia (again) from bomb#2 and an 'unknown' male companion.

A reminder of the alleged predicament that led to Sdoia being being transported in such a manner.

Quote:

...As the seconds ticked by, Pat Foley knelt on the sidewalk, watching in growing desperation as ambulance after ambulance, packed with people, passed without stopping. The Boston firefighter twisted tight a makeshift tourniquet in each hand — one bleeding victim on his right; another on his left — and tried to reassure the man and woman on the ground that help was coming.

A few feet away, Boston Police Officer Shana Cottone was shouting at the ambulances, frantically trying to wave them down, seized by the overwhelming fear that the people on the sidewalk would bleed to death there at her feet.

**"We've got to get them out of here right now," she thought. "There are a million hospitals, but we have to get them there."**

Foley and Cottone, the firefighter and the police officer, were within 50 feet of the second blast when it happened Monday. Both were on the ground among the victims within seconds.

Cottone, 27, a native New Yorker, bent over the woman on the ground, her leg also badly damaged, whose bleeding was proving harder to stem.

She pulled the woman's I.D. out and scanned the card for her name: Roseann.

I can't feel my leg, said the woman on the ground. "I swear it's there," Cottone told her, taking her hand, calling her by name, resolving to give her hope, no matter how unlikely that her leg could be saved. "I swear on my life, your leg is there."

She turned to the young man on her right, a spectator who may have smelled of beer but now gamely

clutched the belt around the woman's leg. I'm afraid to hurt her, he told the police officer. "You need to pull that thing tighter," Cottone told him. "Pull it tight until your hands go numb."

**It was time; they had to go. Cottone looked up. A police wagon was coming toward her. It was not an ambulance, not even close. But it could get them where they had to go.**

Full article here: <http://www.bostonglobe.com/metro/201...DsO/story.html>

We have previously ascertained that there was absolutely no 'string of ambulances' passing by the scene at all. So had positioned herself right in the middle of the intersection effectively blocking the best access route for any emergency traffic. They could barely pass on either side of her. The access routes were undermined a second time with two fire engines pulling up side by side and parking just short of bomb#2. They were soon joined by more for the majority of ambulances to gain access through back streets and park off scene behind the engines themselves. Even so, was the police van really the only option available to Sdoia?

Familiar picture of Sdoia's positioning on the ground - no vehicles around her.



Still there. First fire engine has moved into place - and now an ambulance has showed up barely ten feet away. The claim that there was no option other than to transport her in the back of a van is clearly false.





Source: <http://thetrendguys.com/wp-content/u...ts-Bombing.jpg>

A bit later on and from another angle (Sdoia just out of shot). More fire engines arriving and are blocking off the road.



No source.

The scene, later again. Fire engines are now blocking the ambulances, and Sdoia is still right in the same spot (circle).



Source: <http://1.bp.blogspot.com/bPA6Y6OL6pc...+4-15.jpg>There

There was never any need to pile someone who was 'bleeding to death on the pavement' into a police van in order to reach hospital. There were clearly ambulances in the vicinity. Furthermore, if she was the first to reach hospital as the initial article above indicated, what on earth is she still doing there in this picture? On that alone the hospital account is questionable.

..Never trust an atom...they make up everything....





Last edited by joanneatom; 2 Aug 2013 at 16:37 PM. Reason: add sentence



**The Following User  
Says Thank You to  
joanneatom For This  
Useful Post:**

[clive](#)



Page 18 of 19 << First < 8 13 14 15 16 17 **18** 19 >

[Let's Roll Forums](#) > [The Last American Forum](#) > [Government, Media & Corporate Hoaxes](#) > [The Boston Marathon Bombing Hoax](#)

<< [Previous Thread](#) | [Next Thread](#) >>

**Currently Active Users Viewing This Thread: 1** (0 members and 1 guests)

#### Posting Rules



You **may not** post new threads  
You **may not** post replies  
You **may not** post attachments  
You **may not** edit your posts

BB code is **On**  
Smilies are **On**  
[IMG] code is **On**  
HTML code is **Off**

[Forum Rules](#)

#### Forum Jump

The Boston Marathon Bombing Hoax

Go

#### Sponsored links



All times are GMT -5. The time now is 10:42 AM.

-- Default Style (90%)

[The Lets Roll Forums - Top](#)

Powered by vBulletin® Version 3.8.6  
Copyright ©2000 - 2013, Jelsoft Enterprises Ltd.  
Ad Management by [RedTyger](#)